



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Master and Journeyman Plumbers

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov/index.php/licensing/plb/40

MASTER AND JOURNEYMAN PLUMBERS MEDICAL GAS PIPING CERTIFICATION APPLICATION ••• INSTRUCTIONS AND GENERAL INFORMATION •••

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff.

SECTION 2: CERTIFICATION PROGRAM

To qualify for Medical Gas Piping Certification, applicants must hold a current Georgia Journeyman or Master Plumber license and have successfully completed an approved certification program listed below. **See Board Rule 121-2-.11.**

Environmental & Medical Gas Services, Inc. 103 Hunter Industrial Drive Villa Rica GA 30180 770-459-5920 www.emgsi.com	Medical Gas Specialist, Inc. 482 Martinique Trace Canton GA 30015 770-740-1728	United Service Training Corp. 3720 Coconut Creek Pkwy, Ste 5 Coconut Creek FL 33066 954-975-5300 www.ustconline.com
Evergreen Medical Services, Inc. PO Box 19057 Atlanta GA 31126 800-770-1503	Medical Gas Technology, Inc. 13500 S. Point Blvd, Ste N Charlotte NC 28241 800-554-0324 www.medgastech.com	
Medical Equipment Technology, Inc. 4544 Atwater Ct., Ste. 103 Buford GA 30518 770-271-0232 or 800-768-3320	National ITC (f/ka AMGI) 2540 Severn Ave., Ste. 200 Metairie LA 70002 888-234-6834	If you complete a non-approved program, please have the program submit information for review by the Board.

SECTION 4: PERSONAL HISTORY

All questions must be answered. If you answer "yes", you must submit the requested **certified** documentation.

SECTION 5: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C. G.A. §50-36-1.

*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Board office as your Secure & Verifiable Document. ***All licensees are required to complete and submit the attached Affidavit of Citizenship Form along with a secure and verifiable document.**

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: www.sos.ga.gov/index.php/licensing/plb/40. You are responsible for knowing the laws and rules for your profession.

FEES

There is no fee associated with this application.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.



GEORGIA CONSTRUCTION INDUSTRY
LICENSING BOARD

Division of Master and Journeyman Plumbers
237 Coliseum Drive, Macon, GA 31217-3858
404-424-9966

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Date Entered _____

APPLICATION FOR MEDICAL GAS PIPING CERTIFICATION

License Type: ☐ Journeyman #JP_____ expires:_____

☐ Master Class 1 Restricted #MPR_____ expires:_____

☐ Master Class 2 Non Restricted #MP_____ expires:_____

SECTION 1: PERSONAL INFORMATION

1. Legal Name to Appear on License: _____

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security#: _____ Date of Birth: _____

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4. Physical Address: _____

(PO BOX NOT ACCEPTABLE) NUMBER AND STREET APT#

CITY STATE ZIP

5. Mailing Address: _____

(if different) NUMBER AND STREET OR P.O. BOX APT#

CITY STATE ZIP

6. Daytime Phone#: _____ Business or Cell Phone#: _____

7. Email Address: _____

SECTION 2: CERTIFICATION PROGRAM

Applicant Name: _____

Submit a legible copy of the front and back of the picture ID card showing brazing and installation expiration date.

Select the certification program completed below:

Date completed: _____

☐ Environmental & Medical Gas Services, Inc.

☐ Medical Gas Technology, Inc.

☐ Evergreen Medical Services, Inc.

☐ National ITC.

☐ Medical Equipment Technology, Inc.

☐ United Service Training Corp.

☐ Medical Gas Specialist, Inc.

☐ Other*: _____

*If you have completed a non-approved program, please have the program submit information for review by the Board.

SECTION 3: PERSONAL HISTORY

- ☐ YES ☐ NO 1. Has any licensing board or agency in Georgia or any other state ever: a) Denied your issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

If you answered YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of State Board or Agency:

- ☐ YES ☐ NO 2. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If you answered YES, you must submit the following:

a) Submit a letter of explanation for each offence and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. Each court document should include the charges and sentencing information.

b) Probation/Parole - Submit a statement (on official letterhead) from your probation/parole officer regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation/parole.

SECTION 4: APPLICANT AFFIDAVIT

Applicant Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL